24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE	FEC IDENTIFICATION NUMBER ▼ C C00075820
Check If Z 24-hour report 48-hour report New report Amends report file	d on Mam / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee AMERICAN VIEWPOINT INC	Date 10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 300 N LEE ST STE 400	Amount
City State Zip Code	17000.00
ALEXANDRIA VA 22314	Transaction ID : SE24-0.032243
SURVEY RESEARCH Type	ice Sought: House State: IL Senate District: 13 President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID GILL Chi	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Dis 2012	bursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee DMM MEDIA LLC	Date 10 23 2012
Mailing Address 3299 K ST NW	
SUITE 200	Amount
City State Zip Code WASHINGTON DC 20007	28484.79 Transaction ID : SE24-0.032242
Purpose of Expenditure MEDIA Category/ Type Off	ice Sought: House State: IL Senate District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID GILL Ch	eck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought Dis 2013	bursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	45484.79
(b) SUBTOTAL of Unitemized Independent Expenditures	11717171
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	